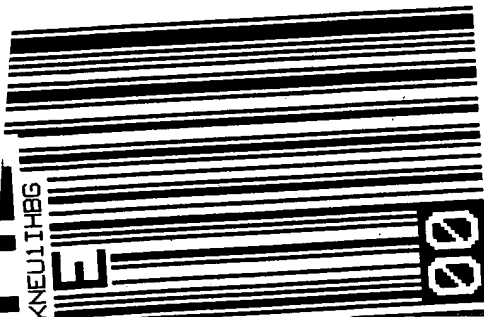


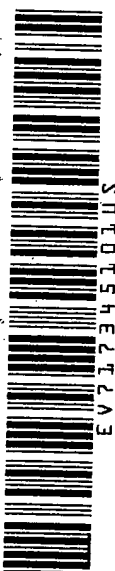
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Date Accepted	Scheduled Date of Delivery	Delivery Attempt	Time
Mo. Day Year	Month Day	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Time Accepted	Scheduled Time of Delivery	Delivery Date	Time
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code		
lbs. ozs.	Acceptance Emp. Initials		
CUSTOMER USE ONLY METHOD OF PAYMENT:		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void. Waiver of signature is requested. (With delivery to be made without obtaining signature of addressee.) <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature	
Express Mail Corporate Acct. No.		Federal Agency Acct. No. or Postal Service Acct. No.	

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